



REGISTRATION FORM

Name: _____

Address: _____

City: _____ ST _____ Zip: _____

E-mail: _____

Phone # _____ (H) _____ (W)

Age: _____

Emergency Contact: _____

Phone# _____

Allergies: _____

Are you currently taking any medications? _____

If so, please list: _____

Please list any physical limitations that might impact participation:

Program: _____ Date: _____

Program: _____ Date: _____

Program: _____ Date: _____

Program: _____ Date: _____

Program: _____ Date: _____

Total Cost: _____

Please indicate method of payment.

☐ Check # _____ ☐ Cash

HOW DID YOU HEAR ABOUT THIS PROGRAM?

MAIL OR FAX REGISTRATION FORM TO:
Parks, Recreation & Downtown Services
City of Wilmington
302 Willard Street, Wilmington, NC 28401
910-341-7854 FAX QUESTIONS? Please call 341-7855.

